Council of Governors Meeting

Date and Time: Tuesday 18 December 2018, 14:00
Venue: Hyde Park Room, 1st Floor, Lanesborough Wing

Time	Item	Subject	Action	Format
OPENING ADMINISTRATION				
14:00	**1.1**	**Welcome and Apologies** *Gillian Norton, Chairman*	-	Oral
	1.2	**Declarations of Interest** *All*	-	Oral
	1.3	**Minutes of Meeting held on 4 October 2018** *Gillian Norton, Chairman*	Approve	Paper
	1.4	**Action Log and Matters Arising** *All*	Approve	Paper
MAIN BUSINESS				
14:10	**2.1**	**Board Assurance Framework** *Avey Bhatia, Chief Nurse and DIPC* *Elizabeth Palmer, Director of Quality Governance*	Review	Paper
14:30	**2.2**	**St George's University** *Jenny Higham, Principal*	Review	Presentation
15:10	**2.3**	**Nomination and Remuneration Committee Report** *Gillian Norton, Chairman*	Review	Paper
15:20	**2.4**	**Membership Engagement Committee Report** *Richard Mycroft, Committee Chair*	Review	Paper
15:30	**2.5**	**Trust Strategy Update** *Suzanne Marsello, Director of Strategy*	Review	Paper
15:40	**2.6**	**Overview of Non-Executive Directors and Board Committees and Feedback from Committee Chairman** Audit – *Sarah Wilton* Finance & Investment Committee – *Ann Beasley* Workforce & Education Committee – *Stephen Collier* Quality & Safety Committee – *Sir Norman Williams*	Discuss	Oral
16:30	**2.7**	**Cardiac Surgery update** *Gillian Norton, Chairman*	Update	Oral
CLOSING ADMINISTRATION				
16:50	**3.1**	**Any Other Business** *All*	-	Oral
	3.2	**Reflections on meeting** *All*	-	Oral
17:00	**3.3**	**Close**		

Date and Time of Next Meeting: 14 February 2019, 15:00

Council of Governors: Purpose, Membership, Quoracy and Meetings

Council of Governors Purpose:	The general duty of the Council of Governors and of each Governor individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and for the public.

Membership and Those in Attendance		
Members	**Designation**	**Abbreviation**
Gillian Norton	Trust Chairman	Chairman
Mia Bayles	Public Governor, Rest of England	MB
Alfredo Benedicto	Appointed Governor, Merton Healthwatch	AB
Nigel Brindley	Public Governor, Wandsworth	NB
Val Collington	Appointed Governor, Kingston University	VC
Nick de Bellaigue	Public Governor, Wandsworth	NB
Anneke de Boer	Public Governor, Merton	AB
Jenni Doman	Staff Governor, non-clinical	JD
Frances Gibson	Appointed Governor, St George's University	FG
John Hallmark	Public Governor, Wandsworth	JH
Hilary Harland	Public Governor, Merton	HH
Kathryn Harrison	Public Governor, Rest of England	KH
Rebecca Lanning	Appointed Governor, Merton Council	RL
Doulla Manolas	Public Governor, Wandsworth	DM
Sarah McDermott	Appointed Governor, Wandsworth Council	SM
Helen McHugh	Staff Governor, Nursing & Midwifery	HM
Derek McKee	Public Governor, Wandsworth	DM
Richard Mycroft	Public Governor, South West Lambeth	RM
Sangeeta Patel	Appointed Governor, Merton & Wandsworth CCG	SPa
Simon Price	Public Governor, Wandsworth	SPr
Damien Quinn	Public Governor, Rest of England	DQ
Donald Roy	Appointed Governor, Healthwatch Wandsworth	DR
Stephen Sambrook	Public Governor, Rest of England	SS
Anup Sharma	Staff Governor, Doctors and Dental	AS
Khaled Simmons	Public Governor, Merton	KS
Clive Studd	Public Governor, Merton	CS
Bassey Williams	Staff Governor, Allied Health Professionals	BW
Secretariat		
Stephen Jones	Director of Corporate Affairs	DCA
Richard Coxon	Membership & Engagement Manager	MEM

Council of Governors	The quorum for any meeting of the Committee shall be at least one third of the Governors present.

St George's University Hospitals NHS
NHS Foundation Trust

Minutes of the Meeting of the Council of Governors
4 October 2018, Hyde Park Room 1st Floor, Lanesborough Wing

Name	Title	Initials
Gillian Norton	Trust Chairman	Chairman
Mia Bayles	Public Governor, Rest of England	MB
Anneke de Boer	Public Governor, Merton	ADB
Nigel Brindley	Public Governor, Wandsworth	NB
Val Collington	Appointed Governor, Kingston University	VC
Jenni Doman	Staff Governor, Non-Clinical	JM
John Hallmark	Public Governor, Wandsworth	JH
Hilary Harland	Public Governor, Merton	HH
Kathryn Harrison	Public Governor, Rest of England (Lead Governor)	KH
Helen McHugh	Staff Governor, Nursing & Midwifery	HMH
Richard Mycroft	Public Governor, SW Lambeth	RM
Damian Quinn	Public Governor, Rest of England	DQ
Simon Price	Public Governor, Wandsworth	SP
Donald Roy	Appointed Governor, Healthwatch Wandsworth	DR
Anup Sharma	Staff Governor, Medical & Dental	AS
Khaled Simmons	Public Governor, Merton	KS
Bassey Williams	Staff Governor, Allied Health Professionals	BW
In Attendance		
Ann Beasley	Non-Executive Director	NED
Avey Bhatia	Chief Nurse & Director of Infection Control (Part)	CN
Stephen Collier	Non-Executive Director	NED
Stephen Jones	Director of Corporate Affairs	DCA
Jacqueline Totterdell	Chief Executive Officer	CEO
Sir Norman Williams	Non-Executive Director	NED
Sarah Wilton	Non-Executive Director	NED
Tim Wright	Non-Executive Director	NED
Apologies		
Alfredo Benedicto	Appointed Governor, Healthwatch Merton	AB
Nick de Bellaigue	Public Governor, Wandsworth	NDB
Frances Gibson	Appointed Governor, St George's University	FG
Jenny Higham	Non-Executive Director	NED
Doulla Manolas	Public Governor, Wandsworth	DM
Derek McKee	Public Governor, Wandsworth	DMK
Sarah McDermott	Appointed Governor, Wandsworth Council	SMD
Stephen Sambrook	Public Governor, Rest of England	SS
Clive Studd	Public Governor, Merton	CS
Secretariat		
Richard Coxon	Membership & Engagement Manager	MEM

1.1 Welcome and Apologies
The Chairman opened the meeting and noted the apologies as set out above. The Chairman informed the Council that Nigel Brindley would be resigning as a public Governor for Wandsworth later that month as he was moving out of the area. She thanked him for his contribution to the Council of Governors and the Trust. His departure would

create a vacancy and the Council considered the options set out in the Trust's Constitution for addressing this. As there were no runners-up in the Wandsworth constituency following a resignation earlier in the year, the only remaining option for filling the seat would be to hold a special election for the remainder of the existing term (to 31 January 2020). Given the costs involved and the limited time any incoming Governor would have in post as Governor after such an election was held, it was agreed that the post should remain vacant. Although the Council recognised that this was not ideal, it noted that Wandsworth would continue to be represented by five public Governors until the outcome of the next election in early 2020.

1.2 Declarations of Interest

No declarations of interests were made.

1.3 Minutes of the meeting held on 24 July 2018

The minutes of the previous meeting were agreed as an accurate record. The Lead Governor requested that in future draft minutes be circulated for consideration promptly after each meeting.

1.4 Action Log and Matters Arising

The Council reviewed the Action Log and noted the open actions which were not yet due.

2.1 Annual Members' Meeting: Reflections and Feedback

The Chairman asked the Council for their reflections and feedback on the Annual Members' Meeting (AMM) which had taken place the previous week, on the 27 September 2018.

The Lead Governor thanked the DCA and his team for the arrangements for the AMM and felt the turnout was good and that the event had been a success. The patient story given by Libby Keating had been particularly good and it was insightful to hear so eloquently and candidly about the care she had received at the Trust following her accident. The NHS 70 film that was shown had been another highlight for many who attended the meeting. It had been expected and was appropriate that there were some challenging questions from the public about the cardiac surgery service. There was general agreement among the Governors that the Chairman did an admirable job in responding to these. KS's contribution at the meeting in which he provided assurance to the public around the Governor's challenges to the NEDs had also been positive in demonstrating Governors carrying out their role.

2.2 Governors' Role

The Chairman introduced the item, noting that developments in cardiac surgery had highlighted some issues about the Governors' role which she and a number of Governors felt it would be helpful to discuss. The Trust was committed to providing Governors with the information needed to assist them in performing their roles. However, some information, particularly in relation to staffing matters, was not appropriate to share. A number of Governors expressed the view that the briefing sessions in August and September had been very useful and had helped ensure Governors were aware of the key developments and had an opportunity both to ask questions to the Non-Executive Directors and to represent the views of their members. It was also suggested that the Trust re-establish the web portal for Governors, which could be a useful way of ensuring members could access information in a secure way.

The Chairman also noted that a number of Governors had queried the approach taken at the previous Board meeting in which items explored in depth at the sub-Committees of the Board were presented for assurance, rather than explored again in depth. The Chairman stated that she and the NEDs considered that this helped ensure that Committees were fulfilling their role appropriately and the Board was focused on the level of assurance it could

take from those earlier discussions. There was agreement that this approach needed to be explicit so that Governors understood when there was limited challenge at Board. It also meant that Governors who attended sub-Board Committees should ideally circulate their reflections on the meeting for the benefit of fellow Governors. The NEDs agreed that feedback from Governors who attended the meetings they chaired would also be helpful.

In order to assist Governors in performing their roles, the Council agreed that a code of conduct should be developed which would help clarify how Governors should work in holding the Non-Executive Directors to account for the performance of the Board and in representing the interests of their members. There was broad agreement that this would be part of the Governors away day in the new year. The use of a Governors web portal would also be part of the away day agenda.

ACTION: COG.04.10.18/33 MEM to circulate potential dates for a Governors' away day in the new year.

2.3 Patient Partnership and Engagement: Feedback on draft strategy

The CN introduced the report on the draft Patient Partnership and Experience Strategy for 2018-19. The strategy set out a proposed vision for engaging with service users, carers and families. She highlighted the five elements of the strategy and stated that she was keen to receive the feedback of Governors prior to presenting the strategy to the Quality and Safety Committee and the Trust Board for approval later in the month.

A number of Governors welcomed the development of the draft strategy and recognised that it was an important step for the organisation. Making a reality of the commitments set out would be key. Some expressed disappointment that it had taken longer to produce than originally planned, noting that the original intention had been to launch it in time for St George's day in April. KS expressed the view that the strategy could be more ambitious and transformative in scope.

The CN welcomed these comments and acknowledged that some useful and insightful comments had already been received from the wider Patient Partnership and Engagement Group, on which Governors were represented, and other colleagues. This had resulted in changes to the strategy, including:

- Making explicit reference to 'new' ward-based groups as well as working with more established groups across the Trust;
- Adding in details relating to assessing the success of the strategy and how this would be measured;
- Revisiting the principles to see if these could be further refined;
- Being clear that co-production included staff as well as patient partners.

The Chairman thanked the Governors for their feedback on the strategy, and noted that any further comments and suggestions should be sent direct to the CN before 11 October so that these could be considered ahead of circulating papers for the Quality and Safety Committee.

2.4 Membership Engagement Committee Report

The Chair of the Governors' Membership Engagement Committee provided an update of the meeting on 4 September 2018, its first formal meeting since the decision of the Council in July to reconstitute the Committee. The Committee had agreed to produce a new membership engagement strategy. This would be developed throughout the autumn and be published to coincide with the publication of the Trust strategy in Spring 2019. The Committee had agreed that the key priority should be to strengthen engagement with the existing membership of the Trust. However, where opportunities existed to increase membership, particularly among groups that were currently under-represented, these should

also be pursued. To inform this work, the Committee had agreed to undertake a survey of the Trust's public members, noting that similar survey of staff members should be avoided while the NHS Staff Survey was live. The survey was intended to help understand how members wanted the Trust and its Governors to engage with them, and the issues about which members were most interested.

There was a question about the scope of the survey but after debate the recommendation was agreed. There was some discussion around whether members could be engaged through text messages. The Council also agreed that the survey should also be undertaken in hard copy focused on those members for whom the Trust did not hold email contact details. In the longer term, it was suggested that the Trust may wish to consider introducing an App for members as a means of increasing engagement. It was agreed that these ideas would be considered through the Membership Engagement Committee.

The recommendations set out in the report were agreed.

2.5 Overview of Non-Executive Directors and Board Committee Chairman

It was noted that the Board Committee reports had been circulated separately to the Council of Governors for information prior to the meeting.

Sarah Wilton, Audit Committee Chairman

SW reported that there had not been a meeting of the Audit Committee since the last Council of Governors meeting in July and that the next meeting would take place on 11 October. It was noted that the Internal Auditor now presents regularly to the Trust Executive Committee and that this helped ensure that outstanding internal audit actions were given greater visibility and could be monitored more closely.

Ann Beasley, Finance and Investment Committee Chairman

AB reported on the work of the Finance and Investment Committee (FIC), which had met twice since the last Council meeting. The executive team were pushing hard to ensure that the financial plan was delivered and the Committee had been challenging in relation to this given the importance of achieving the deficit target of £29 million in 2018/19. KS asked about the number of staff who attended FIC and queried whether they were all required to be there. AB responded that not everyone was required for the whole meeting and would only attend for their items. However, given the Trust was in financial special measures attendance from key Executive Directors and the Chief Executive was important. The Trust Chairman also planned to attend FIC regularly until the Trust was taken out of special measures.

Stephen Collier, Workforce and Education Committee Chairman

SC reported that the Workforce and Education Committee had met in August and would meet again in October. He noted that staff turnover had decreased and more vacancies had been filled. The number of agency staff continued to be a challenge. The annual national NHS staff survey was scheduled to start on the 8 October and staff were encouraged to participate. The Trust has appointed a Diversity Lead and was planning to incorporate the Race Equality Standards into a workforce strategy. The external employment environment meant the Trust had overspent on junior doctors. The appraisal rate for staff remained disappointingly low.

Sir Norman Williams, Quality and Safety Committee Chairman

SNW reported that the Committee had met twice since the last Council meeting. There had been some significant improvements in quality. This included the fact that there had been no cases of MRSA for several months and the Trust's mortality rate was lower than the national rate. The annual report for Serious Incidents (SIs) had shown a reduction in numbers. The Committee was also monitoring the Quality Improvement Plan (QIP) which was reviewing all

the issues raised by the CQC to ensure that they were resolved. It was also noted that the Trust was now shadow reporting on Referral-to-Treatment times with the expectation that the Trust would return to reporting in the new year. There had been some reported instances of patients left on trolleys for over 12 hours in A&E and this was found to relate to mental health patients and capacity for suitable beds elsewhere.

Tim Wright, Information Technology

TW reported that the Cerner/iClip rollout on the wards at the Tooting site would start the following week and would be complete by the end of November. There had been a good level of engagement with staff and most were excited to be using the new technology. A large number of user champions had been trained to assist other staff with any issues that may arise. Matt Laundy, Clinical Chief Information Officer would be taking TW around the wards in the coming days to meet staff who would be using iClip. At the Queen Mary's Hospital site, the Cerner/iClip rollout was in the discovery phase and there had been some resourcing issues. The intention was that everyone would be using the same system across the Trust. It was noted that there was a project to improve the Wi-Fi around the Trust drawing on funding from NHSI and the St Georges Hospital Charity.

The Board Committee updates were received.

2.6 Cardiac Surgery Update

The CEO gave a presentation to the Council of Governors on developments in the cardiac surgery service, following the earlier briefing events held in August and September. The CEO again highlighted the key findings of the independent report by Professor Mike Bewick, which the Trust had accepted in full, and the actions taken to date to implement these at pace. Many of the problems facing the service were longstanding and tackling the issues that had led to the NICOR alerts was a key priority. The Trust was committed to maintaining a cardiac surgery service, but this required significant changes to improve safety, performance and behaviours within the unit.

A number of temporary service changes had been introduced in September in order to give the service the space required to improve. This included diverting patients who required the most complex cardiac surgery to other London hospitals. Following discussions with the Trust, in September Health Education England had withdrawn trainee doctors from the unit for an initial six month period. The way in which cardiac surgery operated at the Trust had been completely overhauled in recent weeks. All referrals to cardiac surgery now came through cardiology. A consultant cardiologists, Dr Raj Sharma, had been appointed as programme director for cardiac surgery and the cardiology governance lead had been appointed to lead governance in relation cardiac surgery. There had been some early signs of improved multi-disciplinary team working and attendance at MDTs had increased significantly. The Trust was continuing to work closely with NHS Improvement, NHS England and the CQC to ensure the safety of the service, and were working with NHSI and the coroner on learning from past events and reviewing cardiac deaths. Following a request from the Trust, NHSI had appointed an Independent Scrutiny Panel to oversee the actions the Trust was taking to improve the service. Alongside this, NHSI and NHSE had established a programme board to oversee developments in the service and the Trust was working closely with external parties. A daily dashboard of performance and quality metrics has been implemented and was scrutinised each day by the Medical Director and Chief Nurse.

There was support and commitment from system partners for St George's to remain a cardiac surgery centre. The longer term strategic plans for cardiac surgery in South London were being discussed on a regional basis with NHS England.

3.1 Any other business

RM reported that 16 Governors had responded positively to the suggestion of holding a

Governors' Christmas meal on the 18 December after the next Council of Governor meeting and encouraged any other Governors who were interested in attending to get in touch. JH asked that a Trust strategy update be included on the agenda for the next meeting which was agreed. **ACTION: COG.04.10.18/34 MEM to add Trust Strategy Update to Action Log**
3.2 Reflections on meeting
There was general agreement that the meeting had been useful, that a number of important issued had been addressed, and that everyone had contributed well to the meeting.
3.3 Meeting close
The Chairman thanked everyone for their contributions.
Date and time of next meeting: 18 December 2018, 14:00, Hyde Park Room

Council of Governors Action Log 18.12.18					
Action Ref	Action	**Due**	**Lead**	**Commentary**	**Status**
COG.28.02.18/26	Report on BAF/Risks at a future COG meeting.	04.10.18	CN	On Agenda	**Proposed for closure**
COG.15.05.18/31	Chief Nurse to give an update on volunteering at a future meeting	14.02.19	CN	Not yet due	**Open**
COG.15.05.18/32	Presentation on GIRFT programme and Model Hospital for a future meeting	14.02.19	CMO	Not yet due	**Open**
COG.04.10.18/33	MEM to circulate potential dates for Governors away day in the new year	18.12.18	MEM	Compelted - Governors Away day will take place on the 8 January 2019	**Proposed for closure**
COG.04.10.18/34	MEM to add Strategy Update to agenda for next meeting	18.12.18	MEM	On Agenda	**Proposed for closure**

St George's University Hospitals NHS
NHS Foundation Trust

Meeting Title:	Council of Governors		
Date:	18 December 2018	**Agenda No**	2.1
Report Title:	Board Assurance Framework		
Lead Director/ Manager:	Avey Bhatia, Chief Nurse & Director of Infection Prevention and Control		
Report Author:	Elizabeth Palmer, Director of Quality Governance		
Freedom of Information Act (FOIA) Status:	Unrestricted Restricted		
Presented for:	Approval Decision Ratification Assurance Discussion Update Steer Review Other (specify)		
Executive Summary:	This paper brings to the Council of Governors the summary page of the Board Assurance Framework which was agreed by the Board at its October meeting. The summary sheet of the BAF (appendix 1) gives an overview of the risk profile of the Trust and enables the Board to ensure its agenda is directed to improving control of these strategic risks. The BAF shows the quarter 2 assurance rating and statements from the committees of the Board. The committees have delegated responsibility for the monitoring of specific strategic risks and the responsible committee is indicated on the BAF summary. **Assurance rating** From the summary sheet it can be seen that there has been no deterioration in any assurance rating since the Q1 review. Ten risks have a 'partial' assurance rating; seven risks have a 'limited' assurance rating (see appendix 2 for definitions). **Risk score** There has been no change in the risk score of the strategic risks since the Q1 report. In Q2 there have been new risks entered on to the Trust divisional and corporate risk registers that make a significant contribution to a strategic risk. These risks are set out in detail, together with controls, assurances and action plans, in the detailed extracts of the BAF monitored by the assuring Committees. Appendix 3 describes the Trusts risk escalation framework and how risks are escalated to the Board Assurance Framework. The BAF in its current form has been in use for a full year and in January 2019 a Board seminar will be used to review the process and consider if there are any improvements needed to strengthen the flow of assurance to the Board. This will also be an opportunity for the Board to review the strategic risks for the forthcoming year 2019/20.		

Recommendation:	The Council of Governors is asked to note how the Board Assurance Framework as used during 2018 and the Board seminar in January 2019 to review and improve the process.		
Supports			
Trust Strategic Objective:			
CQC Theme:	Safe, Effective, Caring, Responsive, Well-led		
Single Oversight Framework Theme:	Quality of care		
Implications			
Risk:	N/A		
Legal/Regulatory:	Health and Social Care Act 2008 (Regulated Activities) Regulations 2014		
Resources:	N/A		
Previously Considered by:	N/A	**Date**	
Equality Impact Assessment:	N/A		
Appendices:	Appendix 1 – Board Assurance Framework Summary Q2 2018/19 Appendix 2 – Assurance Definitions Appendix 3 – Risk escalation framework		

Appendix 2

Assurance definitions

Significant assurance	There are robust controls operating effectively to ensure that risks are managed and objectives achieved.
Partial assurance	The controls are generally adequate and operating effectively but some improvements are required to ensure that risks are managed and objectives achieved.
Limited Assurance	The controls are generally inadequate or not operating effectively and significant improvements are required to ensure that risks are managed and objectives achieved.
No Assurance	There is a fundamental breakdown or absence of controls requiring immediate action.

Appendix 1

Board Assurance Framework to Board July 2018
Q2 2018/19

BOARD ASSURANCE FRAMEWORK OVERVIEW								QUARTER 2			
Strategic Objective	Risk appetite	15		Quarterly Assurance Rating				Reason for Current Assurance Rating	Executive Lead	Assuring Committee	Current Risk Score
				Q1	Q2	Q3	Q4				
Treat the patient, treat the person	*Moderate*	*SR1*	We are unable to develop new roles, changes in skill mix and innovative ways of working that address the long term staffing (supply) requirements of the Trust as well as address the immediate recruitment and retention issues, which could result in care which is below the minimum standard.	Limited	Limited			The risk score is unchanged. Workforce remains a significant area of risk for the Trust and the Committee continues to consider that it has insufficent evidence that controls for this risk are effective.	Director of HR and OD	Workforce and Education Committee	16
	Low	*SR2*	Our processes for admitting, reviewing, treating, discharging and following up both elective and non-elective patients on their pathway are not timely or robust, resulting in poor, delayed or missed treatment.	Limited	Partial			The assurance rating has improved based on progress of the Elective Care Recovery Programme, the Trust has started shadow reporting and is on target to return to reporting in January 2019. Performance against the emergency care 4hr operating standard has shown some improvement. The risk score is unchanged and reflects a risk escalated to the BAF about patient safety in cardiac surgery services. The Committee recieved a report and is assured that the controls put in place for this risk are operating effectively.	Chief Operating Officer	Quality Committee	15
	Low	*SR3*	We do not have effective, accessible and widely utilised learning and improvement methodologies, resulting in care which is below local and national standards and best practice.	Partial	Partial			The risk score is unchanged. The Quality Improvement Plan dashboard shows improvement but Committee is looking for the pace of change to increase. The Committee is assured that the 'must do' and 'should do' items in the Trust's response to the CQC inspection 2018 are being delivered as planned. Quality improvement methodology is being used to drive improvement projects.	Chief Nurse	Quality Committee	10
Right care, right place, right time	*Low*	*SR4*	Our pathways are not well integrated with, or supported by the key external organisations that make up the local health economy to enable us to manage demand or patient flow effectively, resulting in poor or delayed care for our patients.	Limited	Limited			The risk score is unchanged. Work continues to develop relationships and pathways.	Medical Director	Quality Committee	8
Balance the books, invest in our future	*Low*	*SR5*	Financial efficiency, forecasting and accountability is not seen as a priority for service managers or our wider workforce, resulting in overspending, poor budgetary management which could lead to poor service delivery and regulatory action.	Partial	Partial			The risk score is unchanged. While good progress has been made in improving the working of the Finance function and how it supports the trusts operations, weaknesses remain in the organisations ability to manage to budget. While training is in place progress needs to improve. The full value of the CIP plan is in place although focus needs to be maintained on delivery. Good progress continues to be made in improving the working of Procurement. Improving the Trusts financial performance will improve the current risk rating.	Director of Finance	Finance and Investment Committee	16
	Low	*SR6*	We do not understand our business sufficiently to identify and implement efficiency and improvement opportunities	Limited	Limited			The risk score is unchanged. The impact of the new organisational structure is not yet evident as recruitment is completed and those in new roles become familiar with their responsibilities.	Director of Efficiency and Transformation	Finance and Investment Committee	20
	Low	*SR7*	We do not have a clear and effective business planning cycle to enable clear, timely and realistic plans and trajectories. This results in the Trust having incomplete plans and management action becoming reactive.	Limited	Limited			The risk score is unchanged. The Finance function has developed an initial long term financial look forward. The risk score has been maintained due to the challenges emerging in the financial environment of the NHS and the uncertainty this creates until there is clarity on all the changes proposed. To address this risk the Trust needs to define robust actions to mitigate these risks.	Director of Finance	Finance and Investment Committee	12
Champion team St George's	*Low*	*SR8*	Establishing a positive, supportive culture which is allied to accountability for delivery is not seen as a priority, with the result that our organisational culture is either negative/punitive or does not foster accountability amongst our workforce.	Partial	Partial			The risk score is unchanged. The Committee received assurance through reports on the developing Organisational Development Strategy and the staff friends and family test. The staff FFT indicates that this continues to be an area where improvement is needed.	Director of HR and OD	Workforce and Education Committee	10
	Moderate	*SR9*	Due to a failure to develop and implement an effective communications strategy our staff feel disengaged, uninformed and unvalued.	Partial	Partial			*The risk score is unchanged. The staff friends and family test indicates that this continues to be challenging.*	(CEO) Director of Corporate Affairs	Board	12
	Low	*SR10*	We do not provide accessible training in the right place at the right time for our staff, in order to ensure that they are able to do their jobs effectively, resulting in staff dissatisfaction and poor care for patients.	Partial	Partial			The risk score is unchanged. The Committee received assurances through the mandatory training group report and the workforce KPIs. Mandatory training compliance has improved.	Director of HR and OD	Workforce and Education Committee (WEC)	9
	Moderate	*SR11*	We fail to develop our future leaders and we fail to provide clarity to them about their roles and accountabilities, which leads to low job satisfaction, high turn-over and on-going instability amongst our senior leaders.	Partial	Partial			The risk score is unchanged. The Committee continues to be assured that the controls are generally adequate through the delivery of the leadership development programme and workforce KPIs.	Director of HR and OD	Workforce and Education Committee	9
Build a better St George's	*Low*	*SR12*	Our IT systems are unreliable, unstable and do not support us to provide excellent care or provide us with the information and analysis required to manage the Trust effectively.	Limited	Limited			The risk score is unchanged. There has been no material improvement or deterioration since the Q1 18/19 report. The level of risk continues to be much higher than the Committee is content to accept and assurance remains limited on the control of this risk.	Chief Information Officer (CIO)	Finance and Investment Committee	20
	Low	*SR13*	Our estate is poorly maintained and underdeveloped, resulting in buildings which are not fit for purpose and may be closed by the regulator, impacting delivery and risking patient safety.	Limited	Limited			The risk score is unchanged. Limited assurance available from the Authorised Engineer (AE) on water safety. Assurance remains limited on the overall control of this risk. Assurance received on compliance with mitigation of fire regulation risk from the AE. The AE has given assurance on mitigation plans for ventilation risks.	Director of Estates and Facilities	Finance and Investment Committee	20
	Low	*SR14*	We are unable to secure the investment required to address our IT and estates challenges and as a result are unable to transform our services and achieve future sustainability.	Limited	Limited			The risk score is unchanged. The Trust has not yet been able to confirm additional capital funding to support all known investment requirements. A range of bids have been submitted and the Trust awaits the responses on these.	Chief Executive	Board	20
	Moderate	*SR16*	We do not have a clearly articulated and deliverable strategy underpinned by widely communicated and owned supporting delivery plans, resulting in an inability to take strategic decisions as an organisation, leading to difficulty in identifying clincial service priorities and consequently a lack of engagement in the future success of the Trust amongst our workforce.	Partial	Partial			**The risk score is unchanged.** *Assurance that controls are generally adequate and effective is taken from the monthly highlight reports to the Board meeting (part B). The strategy development project plan and highlight reports demonstrate that the project is being delivered as planned.*	(CEO) Director of Strategy	Board	12
	Moderate	*SR17*	A lack of strong, productive relationships with our key external stakeholders may result in a lack of alignment of the plans across the local health economy with our priorities and an inability to provide a source of collaborative leadership for the STP.	Partial	Partial			**The risk score is unchanged.** *Since Jan 18 all STP meetings have been attended by appropriate senior managers from the Trust. Quarterly highlight reports to the Board meeting (part B) provide positive assurance on delivery of actions to improve partnership working.*	Chief Executive	Board	10
Develop tomorrow's treatments today	*High*	*SR15*	We fail to see an improvement in our research activity and profile with consequence impacting on the reputation of the Trust.	Partial	Partial			The risk score is unchanged. The Committee heard that recruitment to research studies is projected to show an increase of 50% compared with 17/18.	Medical Director	Quality Committee	9

Appendix 3

Risk Escalation Framework

Purpose of this document

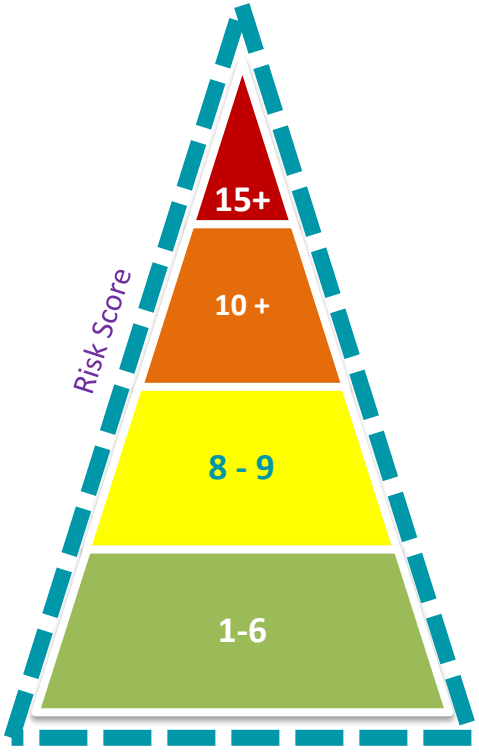
To illustrate the process described in the Trust's Risk Management Policy for the systematic review and escalation of risk within the Trust's governance structures. It illustrates the reporting arrangements, accountability for risk register review, frequency of risk register review, the route and mechanism for escalation of risks and the threshold at which risks are reviewed at each level of the Trust's governance structures based on risk score.

Risk identification / recording arrangements

All staff are accountable for identifying and managing risk. Where a risk can be immediately mitigated, e.g. removing a cable from the floor, this should be done without delay. Where the risk cannot be immediately mitigated, staff should conduct a risk assessment in accordance with risk management policy and then be added to the Datix Risk Register. If the staff member does not feel they are competent to assess the risk, they must report the risk to their line manager.

Risk escalation arrangements

Set out below are the escalation and authority for managing risks at the Trust based on the risk score from the risk assessment.



Inform department manager immediately and add to the Datix Risk Register. The department manager must inform Divisional Executive Director, Associate Medical Director or Divisional Director as soon as practicable. All 15+ risks will be reported to the Executive Risk Management Group on a monthly basis.

Inform department manager as soon as practicable and add to the Datix Risk Register. Risks scoring 10 and above will be reported to the Divisional Governance Meeting where the 10+ Divisional Risk Register will be reviewed on a monthly basis.

Inform line manager and add risk to the Datix Risk Register. These risks can be managed by the line manager and/or department manager. These risks will form part of the directorate/care group/departmental risk register that will be reviewed at directorate/care group/department governance meetings on a monthly basis.

Add to the Datix Risk Register when identified. No escalation is required. This risk should be managed locally with all staff having the authority to manage these risks. These risks will form part of the directorate/care group/departmental risk register that will be reviewed on a monthly basis.

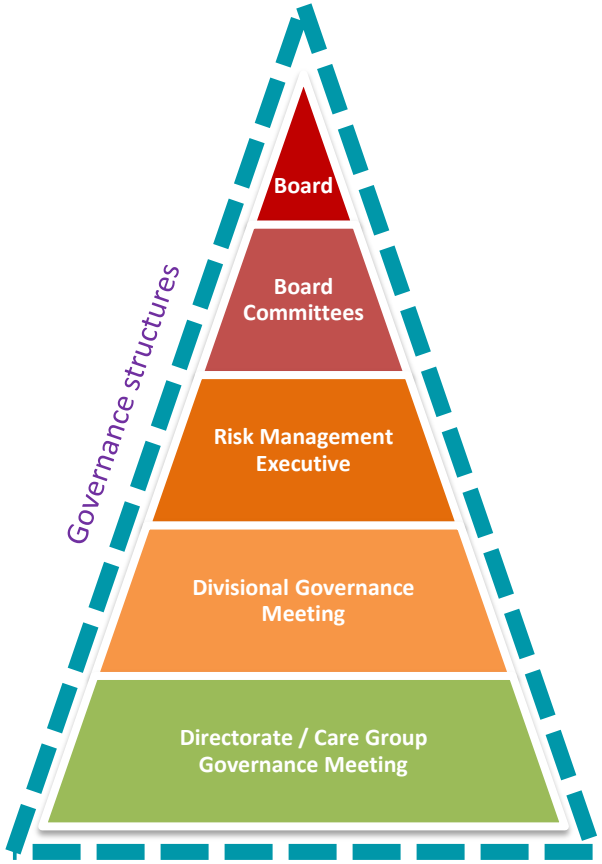
Risk review and escalation process

The table below describes the role of each group in the Trust responsible for reviewing risk registers, what is needs to review, at what frequency and when and where to escalate.

	Role	Receiving	Frequency	Route of escalation
Board	• Ultimately accountable for the effectiveness of risk management that the Trust. • Accepting risks onto the Board Assurance Framework	• Board Assurance Framework • Risk management Strategy	Quarterly Two yearly	
Audit Committee	• Delegated responsibility to seek assurance on behalf of the Board that the processes in place for risk management are fit for purpose.	• Board Assurance Framework	Biannually	To Board.
Board Committees	• To seek assurance on behalf of the Board that the strategic risks captured on the Board Assurance Framework are being effectively controlled.	• Strategic risks assigned to them by the Board	Quarterly	To Board.
Trust Executive Risk Committee	• To recommend risks for escalation to the Board Assurance Framework where it is felt they have potential to materially impact upon delivery of the trust's strategy. • To enable the Executive to satisfy itself that risks scoring 15+ are being effectively managed and mitigated. • To ensure that new risks scoring 15+ are accurately identified and scored. • To ensure that risks are being consistently reviewed, with timely action taken in mitigation by each Division.	• Board Assurance Framework • Corporate Risk Register • Divisional 12+ Risk Register • Risk movement log	Monthly Monthly Monthly Monthly	To Board by exception.
Divisional Governance Meetings	• To satisfy itself that risks in the Division scoring 12+ have appropriate controls that are effective and reducing the risk to an acceptable level. • To ensure that new risks scoring 10+ in the Division are accurately identified and scored and monitor risk movement of risks scored 10+. • To ensure that risks are being consistently reviewed, and effective timely action to mitigate the risk is being taken by each Directorate/Care Group in the Division.	• 10+ Risk Register (Division specific) • Risk Movement Log (Division specific)	Monthly Monthly	To Executive Committee by exception.
Directorate/Care Group Governance Meetings	• To ensure that all risks held on the service/department risk register are accurately described and scored, and are consistently reviewed with timely action taken in mitigation.	• Service / Department risk Register • Risk Movement Log	Monthly Monthly	To Divisional Board by exception.

Accountability for management and escalation of risk

Set out below are the key accountabilities for each aspect of the Trust's governance structure in relation to risk register review and escalation of risk.



	In receipt of...	Accountability for...
Audit Committee	• Board Assurance Framework (BAF)	• Seeking assurance on behalf of the Board that the processes in place for risk management are fit for purpose.
Board	• Board Assurance Framework	• Seeking assurance through committees that risk is being managed effectively at the trust.
Board Committees	• Board Assurance Framework (those strategic risks assigned to the committee by the Board)	• Seeking assurance on behalf of the Board that strategic risks identified in the BAF have appropriate controls in place and that they are effective in reducing the risk level.
Risk Management Executive	• Corporate Risk Register and 12+ risks on divisional risk registers	• Scrutiny and challenge of CRR and 12+ risks. • Holding Divisions to account for timely and appropriate management of risk. • Recommending risks for addition to BAF.
Divisional Governance Meeting	• 10+ Divisional Risk Register	• Scrutiny and challenge of risks scoring 10+ • Holding departments and services to account for effective and timely management of risk.
Directorate / Care Group Governance Meeting	• Full Directorate or Care Group Risk Register	• Ensuring the effective and timely management of risks held by the Department/Service.

St George's University Hospitals NHS
NHS Foundation Trust

Meeting Title:	Council of Governors		
Date:	18 December 2018	**Agenda No**	2.3
Report Title:	Nomination and Remuneration Committee Report		
Lead:	Gillian Norton, Chairman		
Report Author:	Richard Coxon, Membership & Engagement Manager		
Presented for:	Information and Agreement		
Executive Summary:	This paper presents an update on decisions taken at the Nomination and Remuneration Committee meeting on 5 December 2018, including those that require the approval of the Council of Governors.		
Recommendation:	The Council of Governors is asked to: • Agree to reappoint Sir Norman Williams as Non-Executive Director for a further three year term from the 1 April 2019; • The Council of Governors is asked to agree the Committee's recommendation to the changes proposed to the NED Appraisal Policy and process for 2018/19; • Note the progress on developing a role specification and plans for recruiting an Associate NED, to take place when the Trust has exited special measures; • Agree the recommendation of the Committee to hold the remuneration of the Chairman for the duration of the Chairman's current term of office, but to consider this matter again at the point at which decisions are required on appointment or reappointment to the role for a further term.		
Supports			
Trust Strategic Objective:	All objectives		
CQC Theme:	Well-led		
Single Oversight Framework Theme:	Leadership and Improvement Capability		
Implications			
Risk:	Without adequate compensation losing prospective NEDs to other trusts.		
Legal/Regulatory:	Foundation Trust Code of Governance section D.1.2 NHS Act 2006		
Resources:	N/A		
Previously Considered by:	N/A	**Date**	
Appendices:	N/A		

Council of Governors – 18 December 2018
Nomination and Remuneration Committee Report

1.0 PURPOSE

1.1 This paper presents an update on decisions taken at the Nomination and Remuneration Committee on 5 December 2018, including those that require the approval of the Council of Governors.

2.0 REAPPIONTMENT OF SIR NORMAN WILLIAMS AS NON-EXECUTIVE DIRECTOR

2.1 The Committee noted that Sir Norman Williams' current three year term as a Non-Executive Director at the Trust is scheduled to end on the 31 March 2019. Sir Norman's current term began on 1 April 2016. He is also the Senior Independent Director on the Trust Board and is currently the Chair of the Quality and Safety Committee. It was agreed that Sir Norman was considered a great asset to the Trust and brought a wealth of clinical knowledge and experience. The Committee considered the factors that should be taken into account when making decisions over NED reappointments, including the fact that Sir Norman has completed a satisfactory end of year appraisal as NED in 2017/18. The Committee also noted that it was the established position of the Council of Governors that reappointments of NEDs to a second term of office would not need to be re-advertised and that a re-appointment was appropriate where an appraisal process has been satisfactorily concluded.

2.2

2.3 **The Council of Governors is asked to <u>agree</u> to the reappointment of Sir Norman Williams as Non-Executive Director for a further three year term from 1 April 2019.**

3.0 NED APPRAISAL PROCESS

3.1 The Committee received a report from the Director of Corporate Affairs which reflected on the NED appraisal process undertaken for the first time in 2017-18. There were minor changes proposed to the policy to reflect the importance of NEDs undertaking a self-assessment and to reflect the domains of leadership set out in Healthcare Leadership Model published by the NHS Leadership Academy. A series of minor refinements in the way the policy is operated was proposed. The refinements included:

a) Introduction of electronic feedback forms: It is proposed that a secure online survey tool is used to seek feedback from Governors, NEDs and Directors to inform the appraisal of each NED. It is hoped that this will simplify the process to provide feedback and make it more straightforward to undertake analysis of the results. The feedback would only be accessible by the DCA.

b) Extend timeframes for feedback: It is proposed that the window for feedback be extended this year to allow more time for respondents to complete their feedback. In 2017/18 the respondents had less than two weeks to provide feedback so this year will be extended to a minimum of three weeks.

c) Promoting free text comments: As part of the feedback, Governors, NEDs and Directors will be asked to give particular consideration to providing free text comments on the performance of each NED so that there is rich and reflective feedback on performance, and includes examples of strengths and areas for development.

d) Self-assessment: The current process for the appraisal of the Chairman and NEDs does not formally require a self-assessment of individuals' performance. It is proposed that each NED completes a self-assessment form and this forms part of the appraisal pack for the Chairman or for the Senior Independent Director in the case of the Chairman.

3.6 **The Council of Governors is asked to agree the Committee's recommended changes to the NED Appraisal Policy and process for 2018/19.**

4.0 ASSOCIATE NON-EXECUTIVE DIRECTOR

4.1 The Committee had previously agreed in principle its interest in appointing an Associate NED at an appropriate time, once the Trust has exited double special measures.

4.2 The Committee received a report from the Director of Corporate Affairs which set out a draft role and person specification and, in response to a request from the Committee, information on the NHSI NExT Director scheme for consideration. The NHSI NExT scheme was discussed, which many trusts had taken part in and which had received very positive feedback. The key features of the NExT scheme were that the appointment would be for 12 months, could involve a placement at more than one trust, and would not be remunerated. NHSI rather than the Trust would run the selection process. The Committee considered the merits of the NExT scheme compared with those of making a direct appointment.

4.3 The Committee agreed that, on balance, a direct appointment would be appropriate as this would allow the Trust to appoint an Associate NED for a longer period of office (between two to three years) and to make this a remunerated appointment, albeit not at the level of a substantive NED. The Committee agreed that it would consider the precise terms of an appointment at its next meeting, in particular setting the duration and remuneration levels for the post as well as considering a final role specification.

4.4 **The Council of Governors is asked to note the progress on developing a role specification and plans for recruiting an Associate NED.**

5.0 TRUST CHAIRMAN COMPARATIVE REMUNERATION REPORT

5.1 The Committee received a report from the Director of Corporate Affairs comparing the remuneration levels of Trust Chairs across England, which had been requested by the Committee. As previously agreed with the Committee the information was broken down into comparisons with the rates paid to Trust Chairs in the Shelford Group of Trusts and other London teaching hospitals as well as similarly sized teaching hospitals nationally.

5.2 The comparative data showed that the remuneration currently paid to the Trust Chairman at St George's was broadly in line with that of other London teaching hospitals and similarly sized trusts across the country.

5.3 The Committee agreed that the remuneration paid to the Chairman should be held at the current rates for the duration of the current term of office. It also agreed that the Chairman's remuneration would be further reviewed as part of the Chairman's appointment or reappointment for the three year term of office scheduled to start on 1 April 2020.

5.4 **The Council of Governors is asked to agree the recommendation of the Committee to not to increase the remuneration of the Chairman for the duration of the Chairman's current term of office, but to consider this matter again at the point at which decisions are required on appointment or reappointment to the role for a further term.**

6.0 RECOMMENDATION

6.1 In summary the Council of Governors is asked to:

- Agree to reappoint Sir Norman Williams as Non-Executive Director for a further three year term from the 1 April 2019;

- Agree the Committee's recommendation to the changes in the NED Appraisal Policy and process for 2018/19;
- Note the progress on developing a role specification and plans for recruiting an Associate NED at the appropriate time, once the Trust has exited special measures.
- Agree the recommendation of the Committee not to increase the remuneration of the Chairman for the duration of the Chairman's current term of office, but to consider this matter again at the point at which decisions are required on appointment or reappointment to the role for a further term..

St George's University Hospitals NHS
NHS Foundation Trust

Meeting Title:	Council of Governors		
Date:	18 December 2018	**Agenda No**	2.4
Report Title:	Membership Engagement Committee Report		
Lead:	Richard Mycroft, Committee Chairman		
Report Author:	Richard Coxon, Membership & Engagement Manager		
Presented for:	Review		
Executive Summary:	This paper presents an update on the Membership Engagement meeting on 10 December 2018, including those that require the approval of the Council of Governors.		
Recommendation:	The Council of Governors is asked to: • note the plans for the development of the membership engagement strategy, including noting the proposed key themes of the strategy and the timeline for its development; • note the survey results of the membership at Appendix 1.		
Supports			
Trust Strategic Objective:	All objectives		
CQC Theme:	Well-led		
Single Oversight Framework Theme:	Leadership and Improvement Capability		
Implications			
Risk:	N/A		
Legal/Regulatory:	N/A		
Resources:	N/A		
Previously Considered by:	N/A	**Date**	
Appendices:	N/A		

Council of Governors 18 December 2018
Membership Engagement Committee Report

1.0 PURPOSE

1.1 This paper presents an update on the work of the new Membership Engagement Committee and the decisions taken at its meeting on 10 December 2018.

2.0 Update from Patient Partnership & Engagement Group

2.1 The Committee received an oral report from the Committee Chair that had been passed to him by Khaled Simmons who had attended the Patient Partnership & Engagement Group (PPEG) with Donald Roy on the 27 November. An invitation had previously been circulated to all Governors to become involved in various transformation programme work which had been raised at the PPEG. It was noted that there are three Governor positions on the PPEG with Donald Roy and Khaled Simmons as the two regular attendees therefore a vacancy exists for another Governor.

2.2 It was noted that the patient engagement overlaps with the work of the Committee on engagement with members and the public. There was some concern expressed about the pace of development of the PPEG agenda. It was agreed that PPEG should be kept on the agenda for future meetings as a standing item and that a Governor attending the PPEG would be asked for a report. In addition, Avey Bhatia, Chief Nurse, and Richard Lloyd-Booth, Deputy Chief Nurse, would be invited to the next Committee Meeting to give an update on the discussions at PPEG.

3.0 MEMBERSHIP STRATEGY RESULTS

3.1 The Committee received a report from the Director of Corporate Affairs on the Membership Survey which closed on the 2 December 2018 after being open for a month for both online and postal completion. A total of 544 members responded, 214 online and 330 postal responses.

3.2 The Committee noted that the results of the survey would help inform the development of the new membership engagement strategy as well as shape future communications with members. The number of respondents to the survey was disappointing with a response rate of 4.36% requiring any lessons learned from the results to be carefully caveated as they may not be representative of the public membership more generally. It was considered that further thought would be needed on the marketing and communications activity around future such surveys.

3.3 Some broad conclusions which would inform the development of the Membership Engagement Strategy were:

- raise the profile of Public Governors to improve representation
- provide more opportunities for members to input to the Trust across a range of issues
- engage members in a broader range of topics than we do now
- engage members off Trust site within the boroughs
- consider carefully formats for communications – there was a strong interest in hard copy publications

3.4 Whilst the feedback from members will assist in the planning the draft membership strategy and the future talks programme, the Committee also felt that it raised the need to obtain more detailed feedback from members so that we can better understand the most effective ways of communicating and engaging with members. The full results of the membership survey are attached at Appendix 1.

4.0 MEMBERSHIP STRATEGY DEVELOPMENT UPDATE

4.1 The Committee received a report from the Director of Corporate Affairs and considered proposals for developing a new Membership Engagement Strategy for the Trust. It agreed the new strategy should be concise, easy to read and accessible to all members. The Committee also agreed it should set out the vision for membership engagement and key aims and objectives based around the four objectives presented to the Council at its last meeting. ; The detail of how the strategy would be delivered and that the metrics for assessing this would be set out in a separate, more detailed, supporting plan.

4.2 As part of the report, the Committee noted the analysis of the current membership that had been provided. This set out a breakdown of the profile of the membership by gender, age, socio-economic class, and ethnicity, and also highlighted turnover rates in membership. The Committee concluded that, at present, the membership was broadly reflective of the population served by the Trust. While younger people in their late teens and 20s were fewer in number, and the Committee agreed that it was important that specific communications for these groups were developed, it considered that the age profile reflected those who use the Trust's services most often.

4.3 The Committee will consider the draft membership engagement strategy at its next meeting in the New Year and will present it to the next meeting of the Council of Governor for consideration.

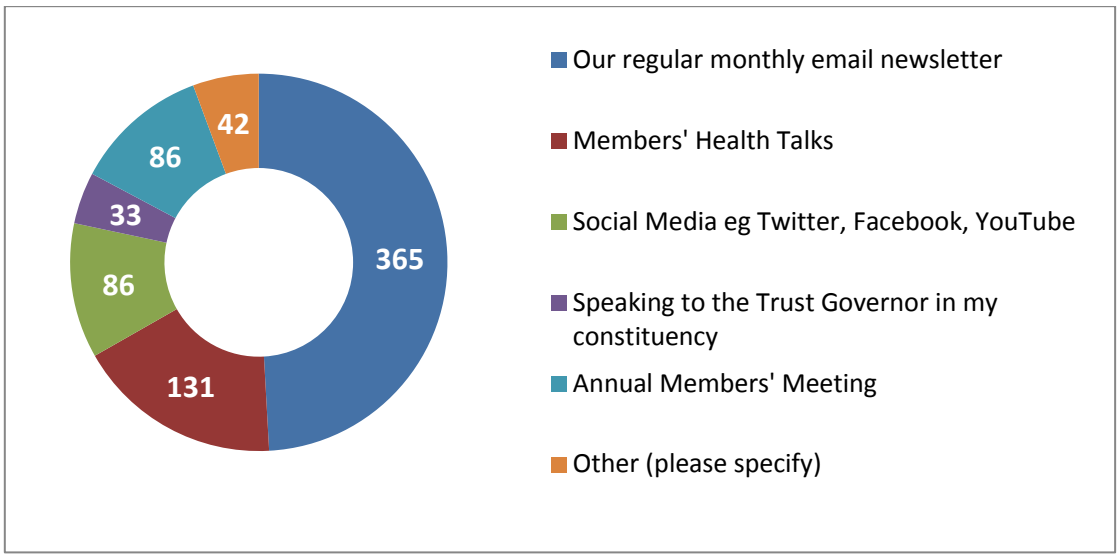
5.0 RECOMMENDATION

The Council of Governors is asked to:

- note the plans for the development of the membership engagement strategy, including noting the proposed key themes of the strategy and the timeline for its development;
- note the findings of the membership survey at Appendix 1.

Appendix 1 - Membership Survey Results

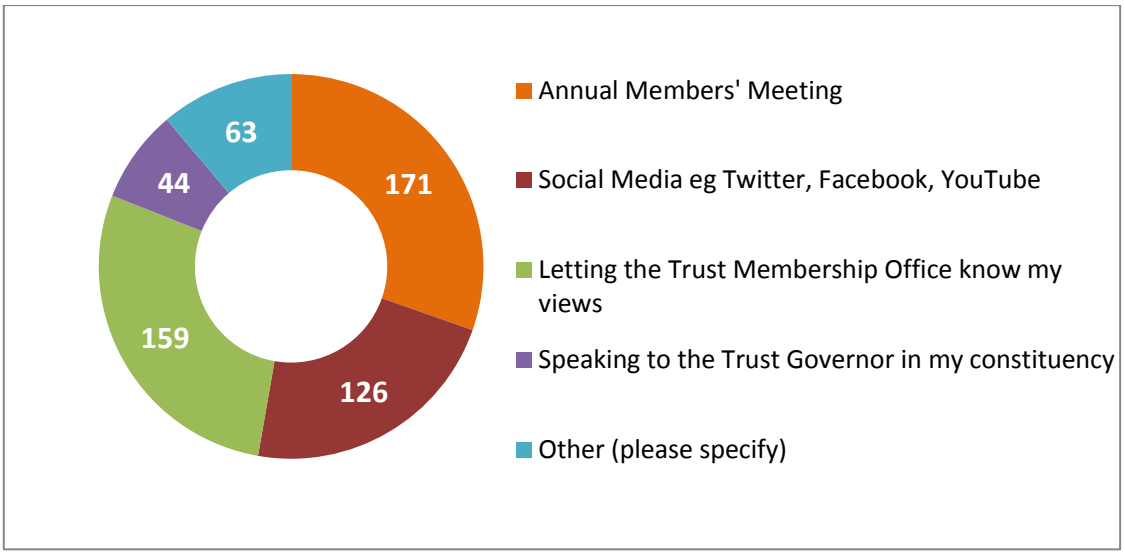
Q1: Which of our current communication channels do you find most helpful in getting information about St George's? Tick as many as apply



Commentary:

The results show that the majority of members found the monthly e-bulletin to be the most helpful communication channel through which they receive information about the Trust. Member Health Talks were the second most popular channel. Feedback suggested that the Annual Member's Meeting and social media were the joint third most helpful communication channel. It is perhaps not surprising that the e-bulletin is the most popular means of communication, though it is interesting to note this response from a survey in which more members responded via post than online. Given that around half the Trust's members have not registered their email addresses, it suggests that the Trust is missing an opportunity to communicate with a large section of its membership on a regular basis.

Q2: Which of the current channels below do you find most helpful in giving us your views about the Trust? Tick as many as apply.



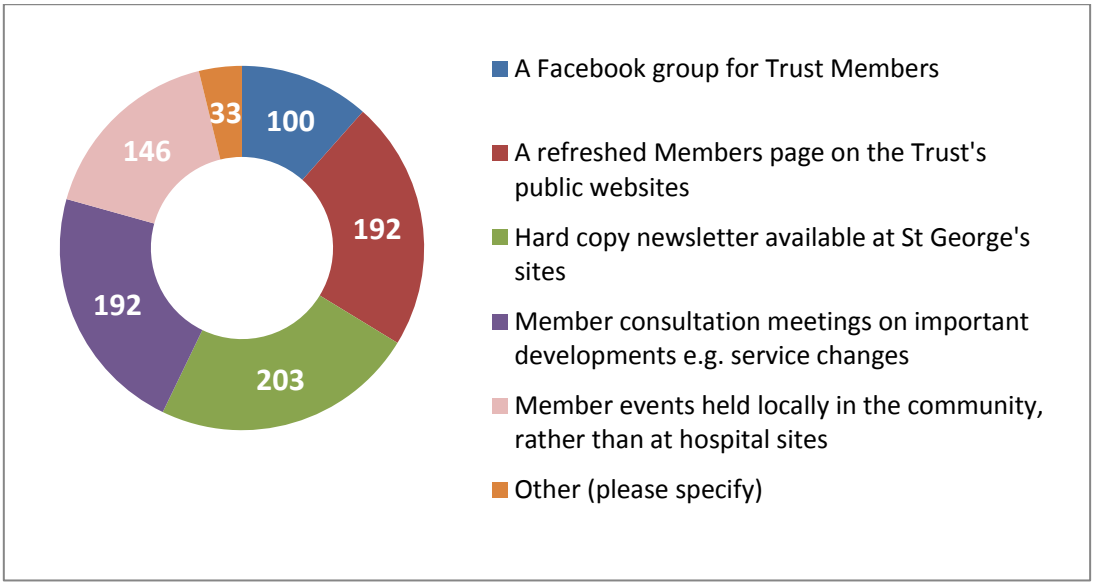
Other communication channels given by members included:

- Discussing direct with Trust staff
- By email
- PLACE inspection participation
- Through Trust volunteer network

Commentary:

The Annual Members Meeting is again shown to be a particularly helpful forum for members to provide their views. This is perhaps not surprising as it represents a tailored and structured event for members to ask questions of the Chairman, Lead Governor and members of the Board. Social media is also a popular method as is contacting the Membership Office. This again raises the question of how the Trust is engaging with members who do not routinely or easily attend the Trust who can provide their views at such time and those who do not use electronic methods of communication. However, perhaps the most striking piece of feedback on this question is that very few respondents said that they would go to their Governor to express their views about the Trust, and the Committee may wish to consider this, in particular, in the context of the development of the new membership strategy given Governors' role in representing the interests of the members and the public.

Q3: We are considering new ways of engaging with our Members. Which of the following would you find useful? Tick as many as apply.

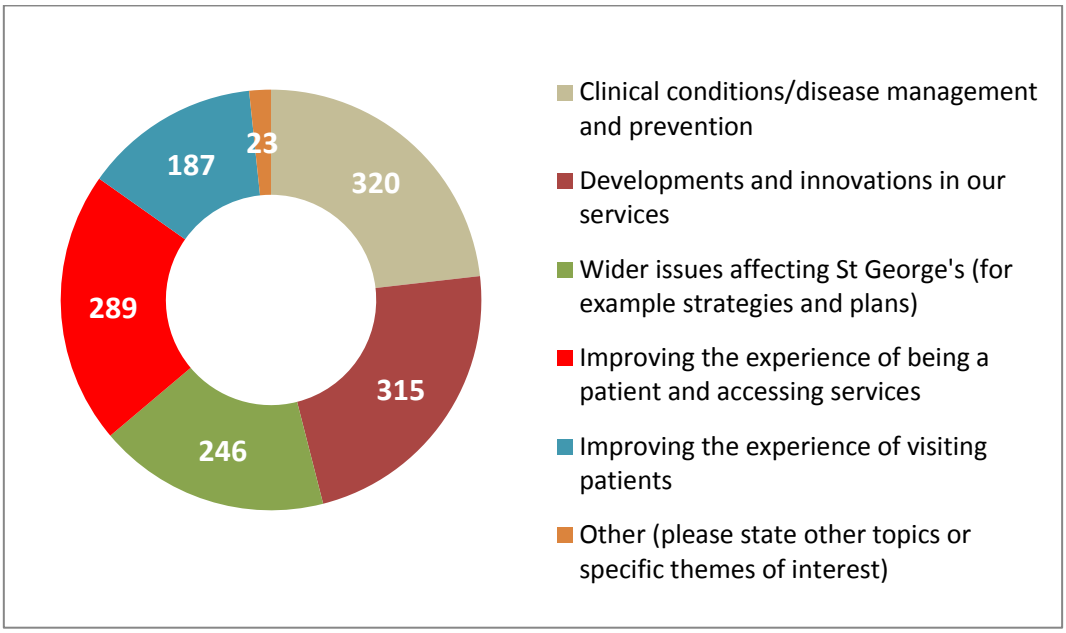


Commentary:

Responses to this question provided broad support for each of the suggestions set out in the survey. There was a roughly equal response rate for opportunities for face-to-face engagement and online engagement. Members expressed a desire to be able to pick up hard copy newsletters on site. It is also notable that there is significant appetite for face-to-face engagement in the local community and consultation events on important issues such as service change. Consideration could be given to the newsletter being available more widely at the Trust as well as at external locations such as Town Halls and GP surgeries.

The Trust has recognised the need to introduce a new website in future, but in the meantime there is a desire among members to refresh the existing membership pages on the Trust website.

Q4: What topics most interest you? Tick as many as apply.



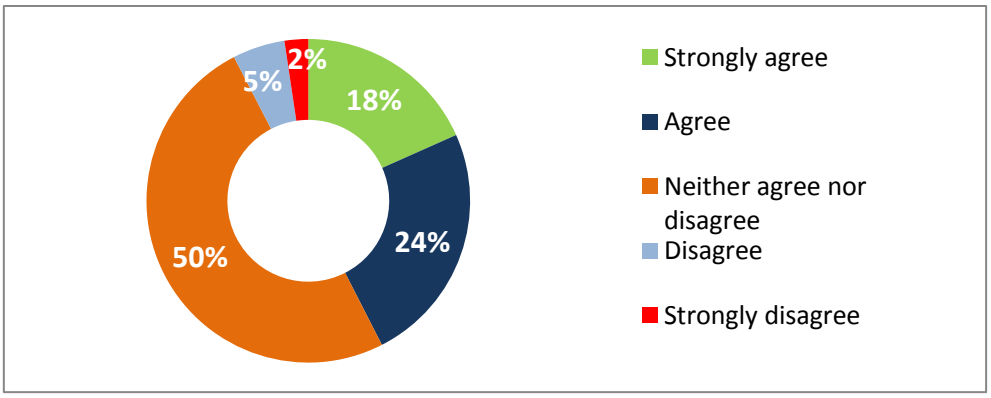
Some of the other topics/themes of interest included:

- Joined-up care, e.g. prevent 'bed blocking' by co-ordination with social services
- Plans being discussed about the future of the hospital. What can be afforded or what has to be on a rolling plan because of costs.
- Getting the hospital out of special measures and resolving the cardiac unit problems
- integration with social services
- How to make it more joined up between GP + Hospital + Pharmacy and between Hospital departments
- because the parking is so bad for disabled patients it is hard to get there
- Men's health
- hospital tours

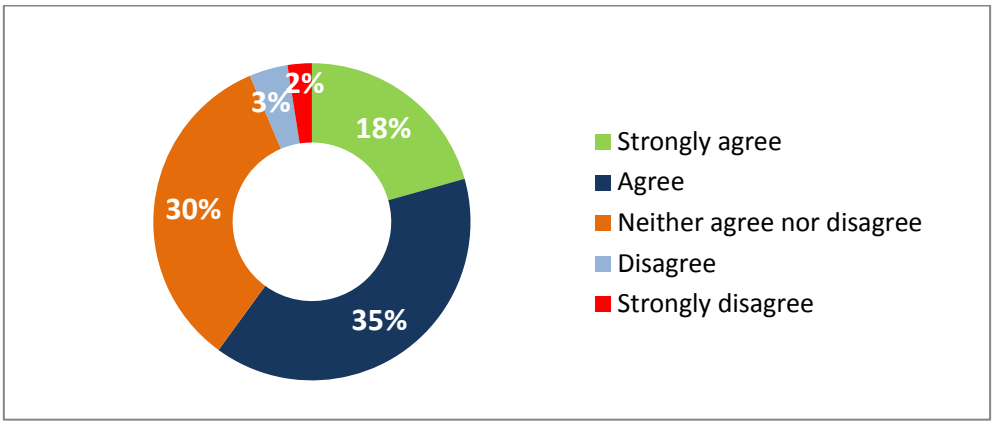
It is interesting to see that whilst improving the experience of patients is particularly important the responses indicated a considerable interest in innovation, clinical issues and Trust's strategy. Some of these topics could be considered for Health Talks and the newsletter/ebulletin have a specific focus on such areas. It indicates members who did respond are in concerned not just about patient care but have a wider interest in the overall development of and challenges to the Trust.

Q5: Please circle whether you agree or disagree with the following statements. Select one option

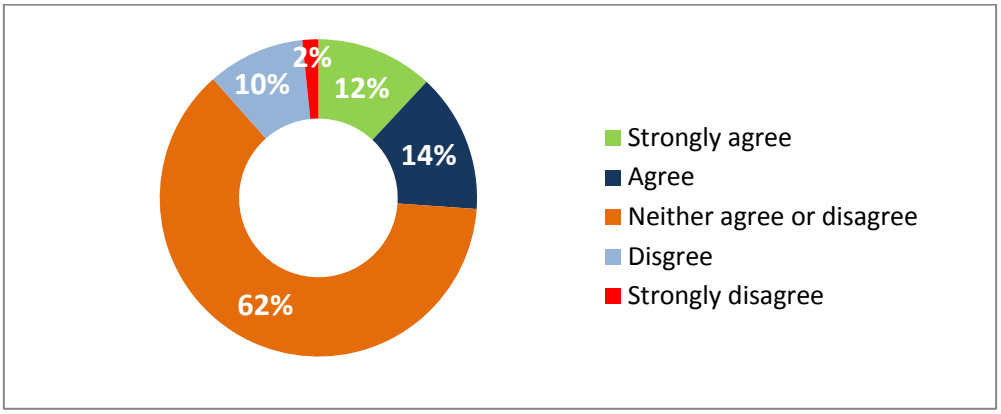
A). I am satisfied with existing information I receive about St George's



B). I would like to learn more about St George's



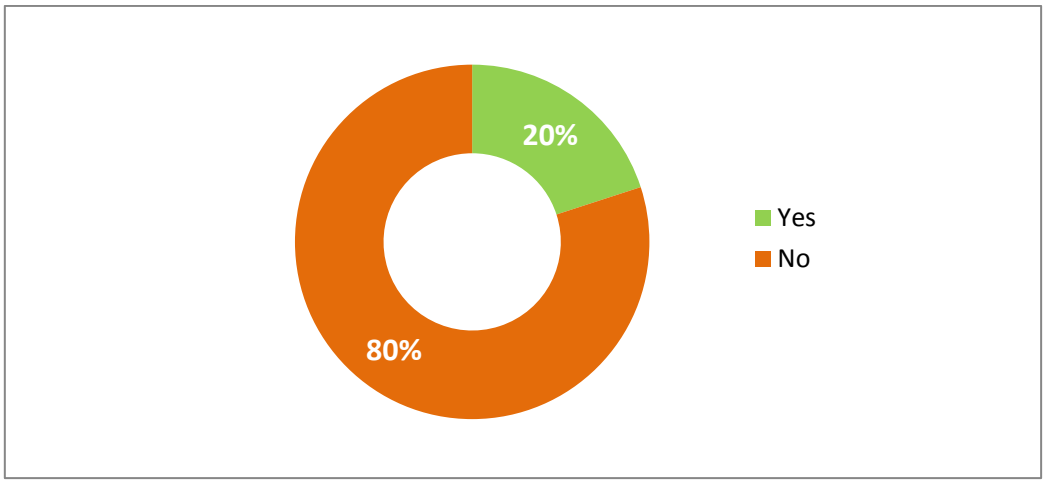
c) I would like to let St George's know more about my views



Commentary:
There is a clear appetite among those who responded to the survey to learn more about St George's; more than half of all respondents indicated they would wish to learn more about the Trust. Very few members appear to be dissatisfied with the information they currently receive,

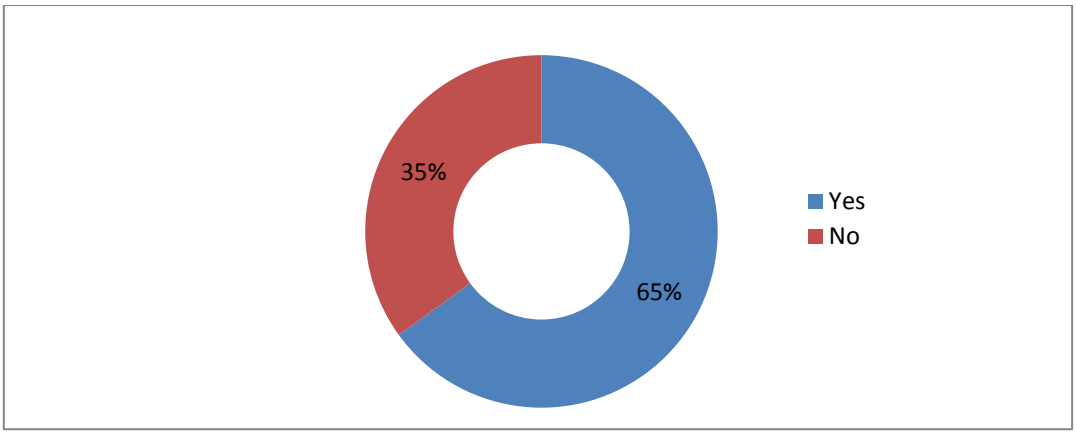
though there is significant apathy on this point. Perhaps the most surprising feedback is how few members indicated they would want to let the Trust know more about their views, with only a quarter of respondents suggesting this.

Q6: I know who the Public Governor(s) are who represent my borough.



Commentary:
A significant number of members stated that were unable to identify their constituency Governor, with only a fifth of respondents indicating that they could do so and four fifths saying they could not. This is significant because the Governors are one of the principal routes by which members can make their views know and to receive information, and Governors have a statutory role in representing the interests of members. The Committee may wish to consider how best to promote the profile of Governors with the membership through the new membership strategy.

Q7: I know how to contact the Trust Membership office.



Commentary:
While two thirds of respondents stated that they knew how to contact the Membership Office, a significant number do not. Given that a the Membership Office is one of the key routes by which members can express their views to the Trust, it may be that further consideration is needed to ensure members know how to get in touch, both online and when at the Trust.

Q8: Please can you let us know what age range you are?

Age	Number	Percentage
17 or younger	2	0.38%
18-20	1	0.19%
21-29	23	4.40%
30-39	37	7.07%
40-49	49	9.37%
50-59	100	19.12%
60 or older	311	59.46%
Answered - Total	**523**	**100%**
No Answer	21	

Commentary:
It is notable that the vast majority of respondents to the survey were in the older age categories; almost 60% of respondents were aged 60 or older. Those under 40 accounted for just 12.04% of respondents. Compared with the age profile of the public membership of the Trust as a whole, the age profile of survey respondents was also in the older age categories; the percentage of public members over 60 years of age is currently 33.92%.

St George's University Hospitals NHS
NHS Foundation Trust

Meeting Title:	Council of Governors		
Date:	18 December 2018	**Agenda No**	2.5
Report Title:	**Clinical Strategy Development: Progress Report**		
Lead Director/ Manager:	Suzanne Marsello, Director of Strategy		
Report Author:	Ralph Michell, Head of Strategy		
Presented for:	Approval Decision Ratification Assurance Discussion **Update** Steer Review Other (specify)		
Executive Summary:	The Council of Governors has previously received update reports regarding development of a new Trust Strategy, the last one was made at the July meeting. Since that report a new strategy team has been appointed which means that the work to develop the new strategy has increased in pace, with a series of Board Strategy Seminars held since July 2018, and a second series of specific stakeholder engagement events held during November and December 2018, as well as service-specific engagement at Care Group Level. Two specific stakeholder events have been held with attendance from a range of people across the SWL health and care system, in relation to the Out-Patient Strategy and Senior Health (the latter was attended by around 65 people). The paper provides the Council of Governors (CoG) with an update on progress with the development of the Trust Strategy.		
Recommendation:	The Council of Governors is asked to note the report.		
Supports			
Trust Strategic Objective:	1. Treat the patient, treat the person 2. Right care, right place, right time 3. Balance the books, invest in our future 4. Build a better St. George's 5. Champion Team St. George's 6. Develop tomorrow's treatments today		
CQC Theme:	1. **Safe**: you are protected from abuse and avoidable harm. 2. **Effective**: your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence. 3. **Well-Led**		
Single Oversight Framework Theme:	▪ Strategic Change		
Implications			
Risk:	▪ As outlined in paper		
Legal/Regulatory:	N/A		
Resources:	N/A		

Previously Considered by:	N/A	**Date:**	
Appendices:	Clinical Strategy Development		

excellent
kind
responsible
respectful

St George's University Hospitals NHS
NHS Foundation Trust

Trust Clinical Service Strategy Update

Council of Governors

18th December 2018

Suzanne Marsello, Director of Strategy

Why do we need a new strategy?

- We want to provide Outstanding Care, Every Time for our patients – and a clear, coherent strategy is central to this ambition
- We need to be clear on the actions we need to take and ensure we are all working together towards the same objectives
- A new strategy will make sure we can exploit new technologies and different ways of working – for the benefit of patients and staff
- We want to be financially sustainable, which means the strategic decisions are evidence based and driven by what is best for the organisation and the communities we serve
- The way healthcare is being delivered is changing and we also need to change the way we work as a result

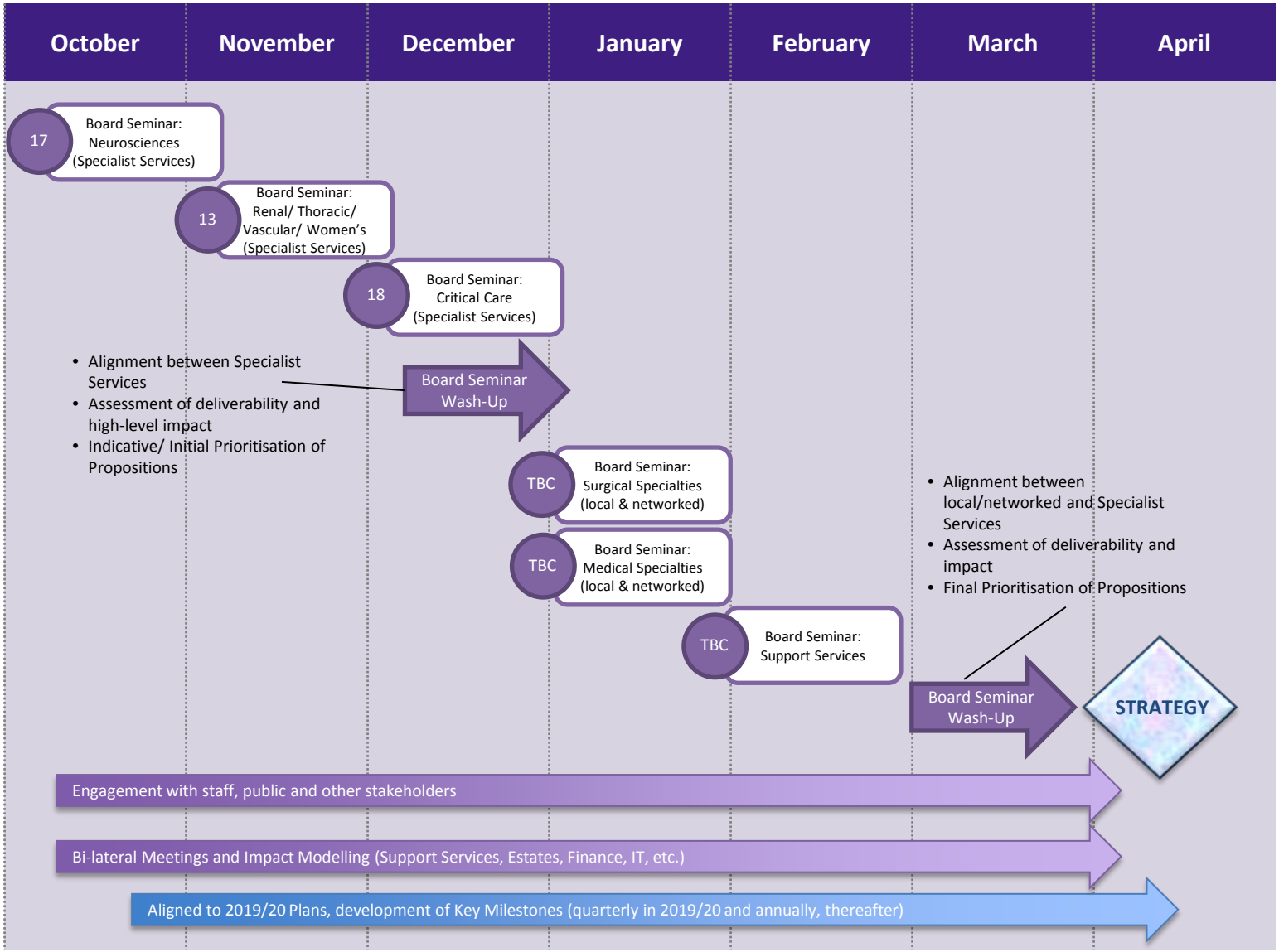
Progress so far

Work to develop the Trust's clinical strategy is now organised around seven workstreams:

Workstream	Description / notes
1. Programme management	Programme planning, risk management
2. Options development	Development of options for board to consider, through a series of board seminars
3. Options prioritisation, alignment, 'deliverability assurance'	Ensuring alignment between the different propositions put to board by different services, and that any conflicts/issues are visible and managed, enabling the board to prioritise where necessary, and ensuring that what goes into the strategy is realistic and deliverable (with reference to money, estates, workforce, reactions of competitors/commissioners etc.)
4. Communication/ engagement	In developing the strategy and then disseminating it once published. Covering a) stakeholders such as commissioners, regulators and b) staff & public.
5. 'Into delivery' planning	Translating the strategic propositions brought to board into high-level deliverables over the next five years
6. Enablers & interdependencies	Alignment with business planning round for 19/20, and strategies for estates, finance (medium term financial plan), IT, workforce, research.
7. Production of the document	Agreeing what the strategy document should look like, audiences it should speak to; drafting, graphic design, publication.

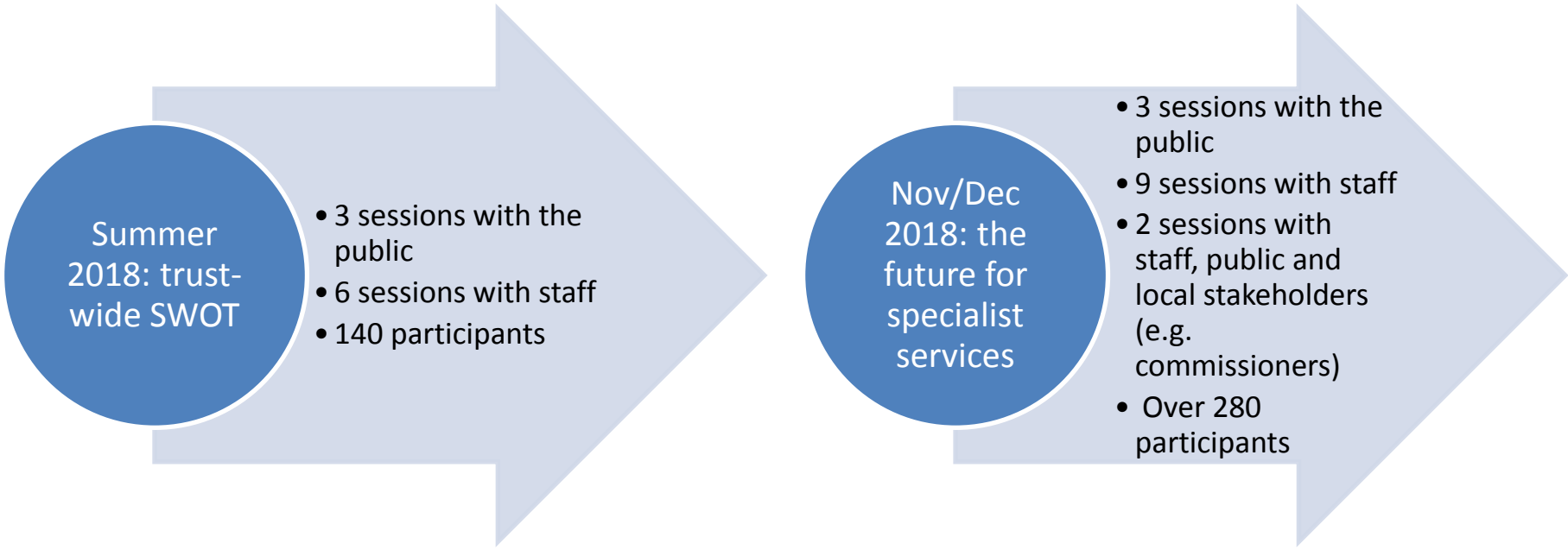
This work is currently progressing to plan.

Timeline


October
November
December
January
February
March
April
17
Board Seminar: Neurosciences (Specialist Services)
13
Board Seminar: Renal/ Thoracic/ Vascular/ Women's (Specialist Services)
18
Board Seminar: Critical Care (Specialist Services)
• Alignment between Specialist Services
• Assessment of deliverability and high-level impact
• Indicative/ Initial Prioritisation of Propositions
Board Seminar Wash-Up
TBC
Board Seminar: Surgical Specialties (local & networked)
TBC
Board Seminar: Medical Specialties (local & networked)
TBC
Board Seminar: Support Services
• Alignment between local/networked and Specialist Services
• Assessment of deliverability and impact
• Final Prioritisation of Propositions
Board Seminar Wash-Up
STRATEGY
Engagement with staff, public and other stakeholders
Bi-lateral Meetings and Impact Modelling (Support Services, Estates, Finance, IT, etc.)
Aligned to 2019/20 Plans, development of Key Milestones (quarterly in 2019/20 and annually, thereafter)

Engaging with staff and the public

Getting the views of staff and the public is critically important. We have run 23 sessions to date, involving more than 400 people:



In addition, we are making use of existing forums wherever possible, attending 27 care group, directorate and divisional meetings, as well as the Nursing Board, Patient Partnership & Experience Group, and more.

Stakeholder Engagement Events: November – December 2018

The events had 163 attendees: 73% clinical - 13% management - 7% public - 7% governors
A summary of the key emerging themes from staff and the public/ patients is provided below.
There was much consensus between the two groups in their views, particularly related to digital pathways and clinical interactions.
Much of the feedback will be used in the development of the supporting strategies e.g. workforce, digital, estates.

STAFF	PUBLIC
Administration - IT / Digital. Two of the biggest recurrent themes were IT and digital - seen as prerequisite to new ways of working such as adaptive appointment systems, clinicians triaging and case loading at the front door and increased use of technology “at home”.	The public expressed the need to work smarter in navigating appointments and moving away from silo working by utilising integrated system wide platforms. People voiced that the care and treatment they receive is fabulous - but the administration and support lets the hospital down. There was a strong desire to take responsibility for their own health e.g. book into clinics when they felt they needed to rather than an automatic call-back at 6 months (open access clinics).
Changes to Clinical Pathways. There was strong support to embed good practice and exemplar models of care e.g. surgical school, enhanced recovery and prehabilitation programmes, outreach and integrated health and social care pathways, rapid access clinics, one stop clinics for multidisciplinary long term conditions, virtual clinics and health promotion / self-care via social media and home based technology.	The public showed strong support to move care closer to home using health technology APPs and new ways of working (e.g. open access and group sessions, outreach to homes or GP practices, virtual clinics and self-management / shared experience clinics). Patients also referred to their experience of enhanced recovery programmes as being positive and something that should be expanded. It was frequently mentioned the need to feel empowered with accessible patient information (preferably within GP practices) so patients could self-manage and avoid coming to the hospital.

Stakeholder Engagement Events 2: November – December 2018

STAFF	PUBLIC
Workforce. Staff commonly mentioned the need/opportunity for a different workforce mix, with 'up-skilled' specialist nurses, physician associates and allied health professionals playing a greater role in a modernised workforce. Greater interaction with the medical school and academic roles was seen as an opportunity to raise the hospitals profile and as a recruitment and retention tool.	The public recognised that to attract the best staff, investment would be required. Patients recognised that skilled nurses or other healthcare professionals could often provide them with expertise that would mean they did not need to see a doctor.
Estates. Staff commonly expressed a desire for services currently provided over disparate locations across the Trust to be co-located (e.g. critical care); for more space (e.g. children's); or for improvements/refurbishments (e.g. women's and renal) to improve patient experience.	The public frequently mentioned the importance of estates towards the patient experience, which had been suffering for far too long; infrastructure was seen as a priority.
Partnerships and Marketing. There was strong support to investigate managed equipment services and collaborative partnerships to offer care closer to home in parallel with rebranding / research opportunities (e.g. Diagnostic Hub (PET-CT / MRI) and a Comprehensive Cancer Centre (radiotherapy). Staff expressed huge pride and loyalty to their departments rather than a sense of belonging to a whole organisation. There was a strong sense of missed opportunities, which could be reversed through marketing and enhancing the Trust's online presence	There was strong interest in having greater visibility of the Trust's partnership profile (e.g. Royal Marsden Health and radiotherapy) and clinical excellence (e.g. enhancing the Trust's online presence).

Stakeholder Engagement Events 3: November – December 2018

STAFF	PUBLIC
Volunteers and Support Mechanisms: Better use of charitable organisations and the voluntary sector was mentioned as a means of integrating services and social prescribing (e.g. Macmillan Cancer Support and shared experience clinics)	It was recognised that hospitals can be a frightening place and there was opportunity for better use of volunteers, buddying systems and patient advocacy to enhance the patient experience and recovery period. Enhanced use of the Patient and Public Engagement Group was seen as a critical lever in making a difference at the patient level.
Other: Staff commonly expressed scepticism that the strategy would be delivered, or lead to real change, citing previous experience of taking time to support the development of Trust strategies which were then abandoned, or replaced when the Trust leadership changed – *“”we are not good at finishing something - we start it but don’t see it through and then we start something else - people get frustrated with this”.*	The public recognised that much aspiration and resource has gone in to strategy over the years with disappointing outcomes. They also recognised that the process felt different this time.

The wider strategic context

The environment in which we operate is changing, and we are engaging with partners to ensure our strategy reflects that, for instance:

- NHS England (NHSE) is due to publish the long-term plan for the NHS imminently, and we have been engaging with NHSE to understand the potential implications
- We continue to engage as a partner in the South West London Health and Care Partnership, collaborating with commissioners and other providers to shape the future of services across South West London
- Our local boroughs (Merton and Wandsworth) will be publishing local health and care plans in the spring, setting out priorities for joint working, and we continue to fully engage in both partnerships

Next steps

- Further board seminars are planned for January and February, to consider our local and networked services
- We intend to run further staff and public engagement events in January and February, and will share details of those with governors as soon as they are agreed
- Further discussions with the Council of Governors on the Trust's strategy are scheduled in for 8 January and 14 February, before the strategy is finalised in March